

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 589898

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1		1			
6	1			1		
7	1			1		
8	3			1		
9	1		1			
10	1			1		
11	1			1		
12	3			1		
13	1		1			
14	8			1		
15				1		
16			1			
17			1			
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50						
TOTAL IND.	4		8			
TOTAL DEP.	17	←	11	←		←
TOTAL CLAIMS	21		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←